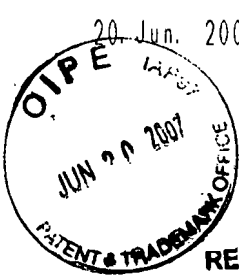


IAP15 Rec'd PCT/PTO 20 JUN 2007



**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
CHANGE OF CORRESPONDENCE ADDRESS
AND
STATEMENT UNDER 37 CFR 3.73(b)**

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

I hereby revoke all previous powers of attorney given in the above-identified application, and appoint the following agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Martin D. MOYNIHAN

Registration No. 40,338

☒ Please change the correspondence address for the above-identified application to the address associated with Customer Number:

67801

Tel: (703) 598-7851
Fax: (703) 415-4864

I am the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b):

Atria Medical Inc., a corporation, is the owner of the entire right, title, and interest in the above-identified application by virtue of an assignment from the inventor(s). The undersigned is authorized to act on behalf of the assignee.

I, the undersigned, am empowered to act on behalf of the Assignee. Acting on behalf of the Assignee, I have reviewed all the documents in the chain of title of the patent application identified above and, to the best of my knowledge and belief, title is in the Assignee identified above.

Signature: [Signature]
Name: ORI BEN-AMOTZ
Capacity: CEO
Date: 3/13/07